



IV. PREVENTIVE HEALTH OUTREACH, SERVICE, AND EDUCATION PROGRAMS



The Department of Health and Hospitals provides Louisianians with a variety of Preventive Health Outreach Programs targeted to assure the health of its most vulnerable citizens: infants and children, adolescents, women, families, and persons suffering from infectious and chronic diseases, violence and injury, substance addictions, and mental impairment. The following programs provide services to thousands of individual Louisiana residents. In doing so they are essential to the health of the state as a whole.

Programs Targeting Infants, Children, Adolescents, and Women

A. CHILDHOOD IMMUNIZATION INITIATIVE—SHOTS FOR TOTS

The Shots for Tots Program, through the IMMUNIZATION PROGRAM of the OFFICE OF PUBLIC HEALTH, was developed to improve immunization levels among infants and toddlers. The program has four major methods to improve immunization levels: (1) service delivery, (2) information and education, (3) assessment, and (4) coordination and oversight.

Service delivery is enhanced by increasing the number of towns and cities where immunizations can be received, by reducing the barriers for families, by providing evening and weekend immunization clinics, and by improving communication among providers. Information and education is provided to health care providers and to parents. Health care providers are informed about the correct use of vaccines, and parents are educated about the importance of having their children immunized on time. Assessment is used to provide feedback to providers about their immunization practices and about the concerns of families using their services. Coordination and oversight establish a central point of responsibility to help improve all of the methods listed above.

Shots for Tots has improved access to immunizations, decreased cost to families, improved public awareness of the need for immunizations, and educated health care providers about proper immunization practices. The following chart illustrates the effectiveness of the Shots for Tots Program. Since its inception in 1992, immunization levels among two-year-old children receiving care at public health units have increased by 25%.

<i>Immunization Levels Among Two-Year-Old Children Receiving Care at Public Health Units Louisiana, 1992-2001</i>	
1992	55%
1993	59%
1994	64%
1995	75%
1996	79%
1997	81%
1998	82%
1999	80%
2000	83%
2001	80%

Source: Louisiana Office of Public Health, Immunization Program



B. SUDDEN INFANT DEATH SYNDROME (SIDS)

The Department of Health and Hospitals, Office of Public Health, Sudden Infant Death Syndrome (SIDS) Counseling and Risk Reduction Program is designed to increase public awareness on the topic of SIDS and to provide education to reduce the risk of SIDS deaths. Educational materials on SIDS risk-reduction have been developed for distribution to populations at risk. These materials include two fact sheets, one providing basic SIDS information and the other describing state specific statistics on SIDS risk factors and practices in Louisiana and a risk reduction information sheet targeted for parents and grandparents. SIDS risk reduction educational training materials for Emergency Medical Service (EMS) also have been revised to incorporate training for first responders. Grief counseling is made available to all families who have experienced the death of an infant due to SIDS. The SIDS risk reduction community education initiative has continued in Orleans Parish. SIDS risk reduction activities in Orleans Parish have included:

- Conducting media and community outreach events for SIDS Awareness Month
- Conducting education awareness sessions to community groups and organizations and professional educational in-service training to childcare providers, nurses, and other health professionals
- Forming an Orleans Parish SIDS Steering Committee composed of a diverse group of public health professionals, medical professionals, community organizations, faith-community leaders and consumers (i.e. parents and grandparents) that convenes quarterly to identify appropriate channels for reaching at risk populations and developing outreach strategies targeted to the at risk population.
- Conducted focus groups with faith community leaders to develop a SIDS informational kit for faith-based organizations to utilize in education the community about SIDS.

In addition to public and professional education and grief counseling, standard data are collected on each case with the hope of identifying preventable circumstances that are associated with unexpected deaths in infancy. Cases are assessed for SIDS epidemiology, statistics, risk factors, ethnic-racial trends and geographic specific trends. A program to improve the investigation of unexpected infant deaths through the training and certification of death scene investigators was begun in 1996. Over 275 investigators from coroner offices and law enforcement have been trained in conducting death scene investigations in cases of unexpected deaths in infants.

C. HEARING, SPEECH, AND VISION PROGRAM: INCLUDING SOUND START PROGRAM FOR THE EARLY IDENTIFICATION OF HEARING IMPAIRMENTS IN INFANTS

More than one in 25 preschoolers suffer from some type of communication disorder, i.e., speech, language, and/or hearing impairment. Four out of every 1,000 babies born have a significant hearing loss. Vision problems affect one in 20 preschoolers and one in four school-age children.



The goal of the HEARING, SPEECH AND VISION PROGRAM is to identify these problems in children as early as possible. A child's vision, hearing, and language development are the most important skills they will need to be able to learn and develop. Research shows that children who have hearing loss identified at birth and who are successfully enrolled in early intervention programs can reach appropriate developmental levels by the time they begin school. Early intervention has profound lifelong benefits for infants and toddlers with hearing impairment and for their families, while containing costs of special education and other services provided by the state.

The year 2001 brought significant changes to the HEARING, SPEECH AND VISION PROGRAM. The department is working diligently to consolidate services and collaborate with other public agencies as well as the private sector to avoid needless duplication of effort and services. Many services offered in the past by OPH staff will be provided by community agencies. The DEPARTMENT OF EDUCATION as well as providers in the private sector will provide vision screening services. The HEARING, SPEECH AND VISION PROGRAM is planning to make available training and equipment for loan to schools to continue vision screening.

The audiologists under the HEARING, SPEECH AND VISION PROGRAM will work to assure audiological services are available in all areas of the state through the private sector and other public agencies. The department has worked closely with Medicaid and successfully raised the reimbursement rates for hearing aids. This is expected to positively influence and increase the provision of hearing aid services to children in the private sector by increasing the number of private providers who will accept Medicaid coverage for hearing aids, as well as for the required auditory testing. This will enable children to more easily receive services from local providers closer to the community in which they live.

The Sound Start Program under the HEARING, SPEECH AND VISION PROGRAM made great strides during 2001. The program works through each community to assure that every birthing facility or hospital performs hearing screening tests for newborns. In July of 1999 the Legislature mandated UNIVERSAL NEWBORN HEARING SCREENING, or the hearing screening of all infants prior to discharge from the hospital or birthing center. Since that time, the Sound Start Program has been working diligently to insure that hospitals are ready, able and willing to comply with the mandate for universal newborn hearing screening.

The success of the program is easily shown by the fact that with the average age of identification of hearing loss across the United States at 30-36 months, since the beginning of the Sound Start Program in 1994, the average age for children identified through the Louisiana program has remained below 3 months of age.



In early 2000, the HEARING, SPEECH AND VISION PROGRAM was awarded a Maternal and Child Health federal grant to expand universal newborn hearing screening and intervention in Louisiana. In 2001 another federal grant from the Centers for Disease Control and Prevention was awarded. The funds are allotted to coordinate and strengthen the program. A Program Coordinator will oversee implementation of the program statewide and a Systems Development Coordinator will evaluate and enhance follow-up and early intervention issues. An epidemiologist will oversee the data and tracking system and a tracking specialist will assure that no child or family is without needed services. Community and private sector involvement through physicians, education personnel, civic and charity organizations, parents, hospital staffs, the deaf community and other professionals will be increased with this project. This will ensure that the program is community based and utilizes the strengths and assets of individual regions while maintaining statewide coordination.

D. CHILDREN'S SPECIAL HEALTH SERVICES

CHILDREN'S SPECIAL HEALTH SERVICES (CSHS) is a program that provides services for eligible children and families with serious disabilities that significantly limit major life activities. These children have complex medical conditions that may be rare, severe, or disabling and require pediatric subspecialty services on an on-going basis.

Some of the products and services provided by the CHILDREN'S SPECIAL HEALTH SERVICES program are medications, durable medical equipment, home health care, physical therapy, hospital care, parent training, and case management to coordinate primary and specialty services. There are nine regional CSHS clinics throughout the State of Louisiana, which together served 6,851 children in the FY 00-01 and handled a volume of 19,957 clinic visits.

CSHS provides services to children with special health care needs, many with complex, severe, medically disabling conditions such as congenital heart defects, cystic fibrosis, cleft lip and palate, cerebral palsy, neurological disorders and others. These conditions often require complex medical care including numerous surgeries, hospitalization, costly drug therapy, etc., but because of the cost-efficient manner in which CSHS provides these services, the cost of treating these children and providing support to their families is very low. The FY 2001 average cost per patient to CSHS was \$1,274.29 based on annual expenditures. Although this program provides medical services for disabilities and chronic medical conditions that children already have, it prevents these problems from becoming worse and more costly to treat and allows the children to achieve their full potential in life to become contributing citizens of Louisiana.



In the year 2001, CSHS continued its Medical Home Project in association with the Louisiana Chapter of the American Academy of Pediatrics; LSU Health Sciences Center; Tulane Medical School, Children's Hospital; other community agencies; and groups concerned with children with special needs. This project has gained tremendous support for training primary care physicians to provide a "medical home" for children with special health care needs. Two training sessions were held in 2001 in New Orleans and Shreveport. Training sessions are planned for Monroe and the Houma-Thibodaux area in 2002. CSHS has also supported a Governor's Task Force to develop a Birth Defects Registry. Louisiana is one of only eight states without a system for surveillance of birth defects. Birth defects are one of the top five leading causes of infant mortality in the state. The prevention of these disabling conditions is only possible after more information is known about how many occur and what the causes may be. Legislation was passed in 2001 to implement Louisiana's Birth Defects Registry. Currently, staff and an Advisory Board are developing program procedures to implement surveillance activities beginning in 2002.

E. SAFE KIDS COALITION

The DHH, OFFICE OF PUBLIC HEALTH, INJURY RESEARCH AND PREVENTION SECTION includes the Louisiana SAFE KIDS Coalition. This coalition is dedicated to the reductions of unintentional injuries in children. At the state level, the Louisiana SAFE KIDS Coalition promotes media coverage of preventable childhood injuries, injury prevention events, and provides ongoing messages that unintentional injuries are the leading cause of death for children under age fourteen. The Coalition also works energetically to promote policies and programs to prevent childhood injury. Several (eight) community chapters and three community coalitions sponsor injury prevention education activities in their areas.

Examples of these injury prevention education activities include: hands-on car seat safety clinics where trained specialists check for proper car seat installation and educate parents how to use car seats correctly; promotion of the use of bike helmets through reminder tags that are hung on bicycle handlebars; and bicycle rodeos measured by appropriate use of traffic signs. For information on the broad list of prevention materials available or information on how to start a chapter, you may contact the SAFE KIDS Coalition at 504 568 2508.

F. CHILD CARE HEALTH CONSULTANT PROGRAM

The American Academy of Pediatrics/American Public Health Association recommends that each child care facility should utilize the services of a health consultant to provide ongoing assistance in the area of health. Louisiana was one of the first states to institute such a program.



The MATERNAL AND CHILD HEALTH PROGRAM of the OFFICE OF PUBLIC HEALTH coordinates the activities of the Child Care Health Consultant Program. By combining professional health experience with knowledge and training in child care, consultants work to support, assist, and problem solve with child care providers in order to improve the safety and quality of child care. Consultants serve as a source of education, guidance, and support to child care facilities; provide technical assistance; act as health resource and referral persons; and provide access to health care information. This program also has the advantage of bringing together a multi-disciplinary network of both public and private health professionals from a variety of settings to address local community needs.

There are 150 health professionals who have been trained and are certified by the DHH, OFFICE OF PUBLIC HEALTH and the DEPARTMENT OF SOCIAL SERVICES, BUREAU OF LICENSING.

G. PREVENT ABUSE AND NEGLECT THROUGH DENTAL AWARENESS (P.A.N.D.A.)

The P.A.N.D.A. (Prevent Abuse and Neglect through Dental Awareness) program was formed through the efforts of the ORAL HEALTH PROGRAM in the OFFICE OF PUBLIC HEALTH. The P.A.N.D.A. coalition is maintained by community members and is chaired by the president of the LOUISIANA CHAPTER OF THE ACADEMY OF PEDIATRIC DENTISTRY. This program aims to provide training and education of dental care professionals on detecting and reporting suspected child abuse and neglect.

H. MATERNAL AND CHILD HEALTH PROGRAM

The Maternal and Child Health Program services are dedicated to identifying health problems and developing solutions to improve the health of the most vulnerable sectors of our population – child-bearing age women, pregnant women, infants, children and adolescents. This is accomplished through the provision of needed preventive health care services for the population in general as well as those who have limited access to preventive services due to financial or geographic barriers or lack of service providers.

Through parish health units statewide, the Maternity Program offers pregnancy testing, prenatal care, prenatal and nutrition education and counseling to women who are unable to access such services elsewhere in their communities. The prenatal care is comprehensive including regular physical assessments, laboratory tests, counseling and education on physical and behavioral issues, and home visiting when indicated. HIV education for all patients and HIV screening and counseling is for those who choose are provided.



In State Fiscal Year 2001, 9161 pregnant women initiated or received comprehensive prenatal care and 26,665 pregnant women received prenatal and nutrition counseling and education in conjunction with WIC services. Over 14,000 women came to the health units for pregnancy tests only. The total number of maternity related visits was 99,598.

Preventive health services to infants and children offered by the Child Health Program, of the MATERNAL AND CHILD HEALTH PROGRAM, OFFICE OF PUBLIC HEALTH, includes periodic health appointments through parish health units statewide. These appointments can involve a history and physical examination; immunizations; assessment of growth; assessment of developmental status; laboratory screening for PKU, congenital hypothyroidism, sickle cell disease, anemia, urinary tract problems, and lead poisoning; screening for vision, hearing or speech problems; and parental counseling and education. Nutritionist and social services are available in addition to medical and nursing services.

In State Fiscal Year 2001, 90,871 infants, children, and adolescents were seen in a total of 192,687 visits. In addition to these direct services, the Maternal and Child Health Program works with the Medicaid and LaCHIP Programs to improve access to health care services for pregnant women, infants, children, and adolescents by supplementing their out reach through a Robert Wood Johnson Covering Kids grant. The Maternal and Child Health Program also supports the Partners for Healthy Babies Campaign which is a public awareness and education media effort to promote healthy prenatal behaviors and early prenatal care. The MCH Program is also working with communities to support initiatives to increase access to prenatal and perinatal services for women at risk for poor pregnancy outcomes in identified high risk areas.

I. ADOLESCENT SCHOOL HEALTH INITIATIVE

Pursuant to a legislative request, the DHH OFFICE OF PUBLIC HEALTH (OPH) conducted a study in 1990 that concluded that the causes of adolescent deaths and illnesses could be reduced or prevented through greater adolescent health education and improved teen access to primary/preventive health care and professional counseling. Therefore, in 1991 the Louisiana State Legislature created the Adolescent School Health Initiative to facilitate the development of comprehensive health centers in public middle and senior high schools.

The School-Based Health Care Program, officially known as the Adolescent School Health Initiative, is directed by the DHH OFFICE OF PUBLIC HEALTH, ADOLESCENT SCHOOL HEALTH PROGRAM. School Based Health Centers (SBHCs) are an integral part of the State's Comprehensive School Health Program, which also encompasses education, school environment, nutrition, physical fitness, and parent and community involvement.



Sources of funding for the School-Based Health Centers (SBHCs) include OPH State General Fund (Tobacco Settlement monies), Maternal and Child Health Block Grant, local in-kind contributions, and Medicaid reimbursement.

School-Based Health Centers are established by a sponsoring agency (the grantee), which is responsible for management of the health center. Hospitals, medical schools, health departments, youth-serving agencies, community organizations, or school systems may be sponsoring agencies. Each SBHC's staff includes a licensed physician, a nurse or nurse practitioner, a mental health counselor, a clinic administrator, and support staff, who work in collaboration with the counselors, social workers, psychologists, and speech, physical, and occupational therapists on school campuses. Services provided include preventive health care, medical screenings, sports and employment physicals, treatment for common simple illnesses, referral and follow-up for serious illnesses and emergencies. Other services include mental health counseling, immunizations, and preventive services for high-risk conditions, such as pregnancy, sexually transmitted disease, drug and alcohol abuse, violence, and injuries.

In the 2000-01 academic year, 47 School-Based Health Centers were operational in 19 parishes, serving 73 public schools and providing access to care for 45,000 students. By the end of the 2001-02 there will be 53 School-Based Health Centers in 23 parishes. Many sites have expanded services to primary and elementary feeder schools. In the 2000-2001 school year, 24,532 students received services, and there were 117,188 individual visits to the centers. This number does not include students who participated in group counseling sessions with licensed social workers.

J. WOMEN'S PREVENTIVE HEALTH PROGRAM

The WOMEN'S PREVENTIVE HEALTH PROGRAM (WPHP) exists to improve longevity and quality of life for women in Louisiana by reducing morbidity and mortality due to preventable causes. The mission of the program accomplishes the following activities:

- Screening for breast and cervical cancer as an early detection strategy.
- Health guidance and counseling to influence positively those health behaviors known to be associated with poor health outcomes particularly hypertension, diabetes, and obesity.
- Empowerment of community-based organizations to deliver the message of preventive health to female peers and thus to expand the program throughout the state.

The last year has been very effective in the communities throughout many regions of the state. More than 6,000 women were involved in outreach and screening activities with public and private partners in



health. Since the program's inception, dozens of abnormalities have been found and successful treatment strategies pursued.

Though the WPHP provides screening and diagnostic services only, case management is an important component of the program. Women who have an established disease requiring treatment are referred to other health care providers. Eligibility for specific screening services is based on age, income and insurance status. An integral component of the program is the collection of data regarding risk factors screening activities, and screening results, this is done to assure that women who need treatment are able to access treatment from health care providers.

Programs Targeting Families

K. HOME VISITATION PROGRAMS

Paraprofessional Home Visitation Programs

The MATERNAL AND CHILD HEALTH PROGRAM (MCH) of the OFFICE OF PUBLIC HEALTH has undertaken home visitation programs to impact Louisiana's high rates of infant mortality, low birth weight, and child maltreatment. Currently there are *four* Paraprofessional Home Visitation Programs: Project Hope (serving first-time mothers and their babies in Ouachita Parish), ETC ALPHA (serving high-risk pregnant and parenting teens and their babies in Calcasieu Parish), Healthy Kids (serving first time and teen parents and their babies in Iberia Parish), and First Time Parents (serving high risk, low income parents and their babies in East Baton Rouge Parish).

The programs are based on the Hawaii Healthy Start and Healthy Families America program models and have been successful in securing community support. Louisiana's model seeks to prevent child abuse and neglect by focusing interventions on promoting child growth and development, modeling and fostering positive parenting skills and parent-child interactions, assuring provision of needed health care, and developing support systems for families.

By the end of fiscal year 00-01, Louisiana's Paraprofessional Home Visitation Programs had 265 active families and had completed 4,498 home visits.

Nurse-Family Partnership: Helping First-Time Parents Succeed

During fiscal year 00-01, the MATERNAL AND CHILD HEALTH (MCH) PROGRAM continued to provide the Nurse Home Visitation model in four sites in Louisiana. Known as the BEST (Building Early Strengths



Together) Program it was renamed the Nurse-Family Partnership in 2001 to include Louisiana in the national community effort that focuses on helping mothers and their families.

Since 1999, service has been available in Region IV (Iberia, St. Martin and Vermilion parishes) and Region VIII (Franklin, Madison, Morehouse and Richland parishes) and expanded to Region III (Terrebonne and Lafourche parishes) and Region V (Calcasieu, Beauregard and Allen parishes) in the spring of 2000. In an effort to address infant mortality, local collaborations are being discussed that include expansion of the Nurse Family Partnership program that may include northwest, central and southern Louisiana. Additionally, the successful collaboration between the OFFICE OF PUBLIC HEALTH and the OFFICE OF MENTAL HEALTH *has resulted in* continues to fund the mental health services component of the program.

The Nurse-Family Partnership is for first time mothers of low socio-economic status. Home Visiting Nurses follow a very strict program protocol that requires regular visits to the family from twenty-eight weeks of pregnancy until the infant is two years of age. This model was chosen by MCH because of its proven effectiveness as a preventive intervention. Clinical trials and longitudinal studies have shown that this model of prevention significantly reduced by 79% the verified reports of child abuse and neglect, reduced by 31% the number of subsequent births, and increased by 83% the rates of labor force participation. By the end of June 2001, the Nurse-Family Partnership had 371 active families, with 290 babies. The nurses have completed over 13,000 home visits since the inception of the program in 1999.

L. PUBLIC INFORMATION CAMPAIGN AND PROVIDER TRAINING FOR PARENTING EDUCATION & CHILD ABUSE PREVENTION

PREVENT CHILD ABUSE LOUISIANA (PCAL), in conjunction with the DHH, OFFICE OF PUBLIC HEALTH, is in the fourth year of a statewide social marketing campaign designed to reach parents with educational messages about parenting and to encourage the use of a toll-free information, support, and referral services for families: PCAL's HELPLINE (800-348-KIDS). Campaign themes have addressed positive communication, positive discipline, and stress prevention for parents.

To emphasize these educational topics and to conduct training sessions in their communities, a volunteer speakers' bureau has been established in major cities throughout the state. The trained volunteers include representatives from the OFFICE OF COMMUNITY SERVICES, law enforcement, the media, and health care. Speakers address parent groups, children, community organizations, and "other caregivers" (teachers, day care staff, etc.) in various settings.

In addition, the MATERNAL AND CHILD HEALTH PROGRAM (MCH) of the OFFICE OF PUBLIC HEALTH has trained all public health nurses and public health social workers in Bright Futures. Bright Futures Guidelines for



Health Supervision is designed to promote and improve the health and well being of children, adolescents, families, and communities through the context of routine child health visits. These guidelines emphasize social, emotional, and behavioral development and family functioning in addition to the traditional physical health care typically the focus of well child health care visits. Furthermore, MCH has trained all nursing and social work staff in Infant Mental Health in four regions of the state. This 25-hour training, completed in five separate five-hour sessions, is designed to improve staffs' knowledge and skills in the early recognition of factors and conditions that place the infant and caregiver at risk for immediate, as well as long-term, problems in social, emotional, and cognitive growth and development.

The Infant Mental Health training has been completed in Regions III, IV, V, and VIII, and for the Orleans Parish Health Department. The goal is to train all nurses, social workers, and other staff involved in maternal and child health clinical programs around the state, as well as all nurses involved in the Nurse Family Partnership programs. Regions VI and VII set for training in fiscal year 02-03.

M. LOUISIANA'S SERVICE SYSTEM FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

The LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS' (DHH) OFFICE FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES (OCDD) administers the Mental Retardation/Developmental Disabilities Services System. OCDD provides an evaluation of developmental disabilities for persons and/or their families who request such. This evaluation determines the individual's eligibility for services through Louisiana's MR/DD Services System. Eligibility is based on the definition of developmental disability contained in LA R.S. 28:380 et seq.: developmental disability is a severe, chronic disability that is attributable to mental retardation, cerebral palsy, epilepsy, or autism or to any other condition (except mental illness) found to be closely related to mental retardation. Related conditions are included when they result in impairment of general intellectual functioning or adaptive behavior similar to that of persons with mental retardation or require similar treatment and services. The disability must have occurred prior to age 22, be likely to continue indefinitely, and result in substantial limitations in three or more areas of major life activities, such as self-care, language, learning, mobility, self-direction, and capacity for independent living.

The MR/DD Services System includes public and private residential services and other supports and services to persons with mental retardation and or developmental disabilities and is administered through its eight community services regional offices and nine developmental centers. These offices and centers are located statewide in or near major cities and provide a range of supports and services that equip the individual or family to plan for, prevent, or lessen the impact of adverse outcomes from his/her disability. The community services regional offices serve as the points of entry for individuals to receive services from both the regional offices and the developmental centers.



The nine developmental centers provide a variety of residential supports and services, including care and treatment in the residential facility itself, and community based services such as community homes, extended family living services, and day programs with vocational or habilitation services in their localities. In concert with the community services regional offices, the developmental centers provide planning and follow-up services for those individuals who have chosen to move from the facilities to live in the community. Family involvement in this process is critical to success.

OCDD community regional offices offer a broad range of services including individual and family supports, such as personal care assistance, cash subsidy, respite, crisis intervention and supported living services, and early intervention programs to infants and toddlers, as well as vocational and habilitative services for adults. These services are provided by private provider agencies through contractual agreements or through individualized agreements with individuals and families who obtain their own service providers.

- Early intervention programs for infants and toddlers from birth to 36 months of age are designed to prevent additional developmental delays through a range of therapeutic, instructional, behavioral and social services that equip and support families with needed information, skills and resources.
- The Individual and Family Support Program provides supports that are tailored to maintain a family member in the home. Such supports include but are not limited to personal care assistance, respite, crisis intervention to stabilize life-threatening situations or to plan for behavioral contingencies and supported living services to equip people to live independently in the community. In addition, the Cash Subsidy Program provides financial assistance to allow families of children with severe disabilities to rear their children at home and to plan for their participation in the community.
- Vocational and Habilitative Services are available for adults aged 22 and above and include supported employment, job crews and sheltered work as well as habilitative services needed to participate in the community.
- Supported Living services are offered to individuals who wish to live in the community in apartments, rented homes or their own homes or family homes. Supports are provided to allow these individuals to live as independently as possible in a safe environment.
- OCDD also works with individuals and/or families to develop the Plan of Support, in which individuals and/or the families are involved in planning for ongoing and future needs. This process equips persons with developmental disabilities and/or their families to make choices about the services and supports they need in order to self-direct their own lives and to achieve the greatest degree of independence possible.



Programs Targeting Infectious Diseases

N. TUBERCULOSIS (TB) PREVENTION AND OUTREACH

The DEPARTMENT OF HEALTH AND HOSPITALS, through THE OFFICE OF PUBLIC HEALTH'S TB CONTROL SECTION, monitors the treatment of reported cases of TB through the work of Disease Intervention Specialists (DIS). DIS staff accomplish this monitoring by Directly Observed Therapy (DOT)—a service provided to ensure compliance with and completion of treatment for all patients, public or private. DIS staff also investigate each case of TB to assure timely identification and evaluation of contacts to TB. Of those patients who have been designated "closed," 95% completed therapy in 1999 as compared with the 96% completing therapy among the "closed" cases in 1998. The high therapy completion was due to both the intense DOT efforts of DIS staff and to the utilization of incentives and enablers.

O. SEXUALLY TRANSMITTED DISEASES (STD's) AND HIV/AIDS PREVENTION PROGRAMS

The DEPARTMENT OF HEALTH & HOSPITALS, OFFICE OF PUBLIC HEALTH, aims to prevent the spread of STD's and HIV/AIDS through a variety of methods, including prevention education; HIV counseling, testing, referral, and partner notification. Other methods include STD treatment and control, including syphilis partner notification and encouraging patients with other STD's to have their partners seek medical treatment as STD contacts. Additionally, peer programs; street and community outreach in selected zip code areas; and statewide condom distribution via businesses in communities with high rates of sexually transmitted diseases and HIV/AIDS are other activities implemented by the Department of Health and Hospitals.

Sexually Transmitted Diseases (STD's)

STD control is a labor-intensive task, relying on the rapid location of a person's sexual partners in the community to halt further spread of the disease. To prevent the spread of disease, the STD CONTROL PROGRAM conducts four basic activities:

- Prevention activities - education and provision of information to patients and the general public about STD's and the use of condoms.
- Clinical services - testing, diagnosis, and treatment of patients seen in the clinics.
- Epidemiology - surveillance, location, and referral of persons suspected of having an STD, for examination and early treatment,
- Targeted screening - as a mechanism to discover infections in certain populations and determine disease prevalence.



- In order to reach people who have the highest risk of infection, the STD CONTROL PROGRAM works with a number of other health-related programs, including MATERNAL AND CHILD HEALTH, FAMILY PLANNING, correctional institutions, substance abuse centers, and other facilities where STD's may be prevalent. Collaboration with these programs and efforts of STD field personnel resulted in the administering of over 200,000 STD screening tests in 1999.

HIV/AIDS

The HIV/AIDS Prevention component of the program is driven by the Center for Disease Control's (CDC) required community planning process. This process operated under the structure of nine regional, one local and 1 statewide planning bodies. The Health Department co-chaired all of these bodies and supported, facilitated and coordinated this statewide activity. These regional and local groups met monthly and the statewide group met three times during the year. A three-year HIV/STD Prevention Comprehensive Statewide Plan was developed and submitted with the OPH HIV/AIDS PROGRAM (HAP) Cooperative Agreement to the CENTERS FOR DISEASE CONTROL AND PREVENTION. This plan identified intervention strategies, target populations and geographic locations throughout the state that are to be targeted with HIV/STD prevention activities.

During 2000, OPH HAP provided support, contract monitoring, technical assistance, capacity building and training to 21 funded community based organizations. The organizations conducted the following interventions: condom availability, street and community outreach, referrals to pharmacies for needle availability, changing high risk environments, peer programs, prevention case management and counseling, testing and referrals. Additionally, public health, substance abuse, mental health clinics sites participate in condom availability, partner counseling and referral services and HIV prevention counseling and testing interventions. Sixty community-based organization staff were involved in a two day orientation and 375 public health and community-based organization staff were trained at a 2-day workshop, which included a half day institute focusing on working with youth. The program also received and responded to over 3,800 hotline calls and distributed over 249,000 pieces of risk reduction literature.

The Louisiana HIV/AIDS Line was published bi-monthly and distributed to public health, substance abuse, mental health and community based organization staff. HIV prevention interventions during 2000 targeted persons who are at high risk for HIV. Approximately 13 million condoms were distributed and HIV prevention counseling and testing activities resulted in 59,650 HIV tests conducted in 193 sites. Two hundred and thirteen public health staff and community based organization staff were trained in prevention counseling and 18 professionals were trained in a training of trainers curriculum for prevention counseling. Fifty-nine professionals were trained in delivering street outreach which resulted in over 406,000 high-risk individuals receiving risk reduction information in their communities. Ninety-seven peer leaders were trained and ultimately provided risk reduction information to 1080 peers through 110



workshop sessions. Twenty high-risk females in the New Orleans area participated in a pilot project for prevention case management. Partner counseling and referral services were provided to 489 HIV positive individuals and their partners and prevention counseling was provided when appropriate. A Solicitation of Proposals process was conducted during 2000 and 23 community-based organizations were funded to provide prevention interventions beginning in 2001. As part of the Solicitation of Proposals process, 75 people attended three technical assistance workshops designed to build grant writing capacity.

The Perinatal HIV Prevention Program, now in its third year, was funded by a grant through the Centers for Disease Control and Prevention. This grant has now become part of the annual base award for the HIV/AIDS Program Prevention Program. The focus of the perinatal program is to maximally prevent mother-to-child transmission of HIV through promotion of the nationally recommended testing and treatment protocols and by strengthening linkages to care.

As a part of these efforts, the HIV/AIDS Program has distributed education materials statewide, and is continuing to reach out to clinicians and medical centers statewide to promote the US Public Health Service recommendations for screening and treatment of HIV for pregnant women and their newborns. In collaboration with the Family Advocacy Care and Educational Services Program, the HIV/AIDS Program has distributed folders with the patient and clinician education materials to over 1500 OB/Gyn and Family Practice physicians statewide. Additionally, the HIV/AIDS Program has distributed 1000 packets to pediatricians, residency programs, medical centers, parish health units, clinics, and social service agencies throughout Louisiana.

The HIV/AIDS Services Component of the program has provided 3,000 HIV infected individuals with combination antiretroviral therapy medications through the Louisiana AIDS Drug Assistance Program (ADAP). This program is funded through the Ryan White CARE Act Title II of the HEALTH RESOURCES AND SERVICE ADMINISTRATION (HRSA).

Additionally, nearly 3,400 HIV infected individuals received assistance in obtaining primary medical care and essential support services such as transportation, child care, emergency housing, case management, food baskets and home delivered meals, and substance abuse counseling. During this same time period, 290 HIV infected individuals also received home based care and hospice services. Although Louisiana has one of the lowest rates of insured adults and children in the nation, 150 HIV infected individuals were able to maintain their own private health insurance with support from the Health Insurance Continuation Program (HICP) and the Co-payment and Deductible Assistance Program (CDAP). The HIV/AIDS Program also supports legal advocacy services, and 800 HIV infected individuals were able to receive legal assistance to address issues such as living wills, guardianships, custody, discrimination, breach of



confidentiality, etc. Additionally, the HIV/AIDS Program is also the recipient of State Formula Housing Opportunities for People With AIDS (HOPWA) from the Department of Housing and Urban Development (HUD). Through these grant funds, 2,600 individuals received short-term assistance with rent, mortgage and utility payments to prevent homelessness, and 70 individuals accessed housing and housing services through five residential facilities throughout the state.

To assess the current level of unmet need and assist in the allocation of service funding to the appropriate areas, two needs assessments were conducted. The first was an assessment done with the state prison system in Louisiana to determine what prevention and treatment activities were currently offered for the incarcerated population. The second was a Statewide Needs Assessment, which collected, analyzed and published the results of 1,422 responses from HIV infected Louisiana residents.

A Regional Service Utilization Disparity Analysis was also conducted in order to compare the percentage of individuals in each region living with HIV/AIDS, by race and gender, with those receiving services, by race and gender, through any Ryan White Title II-funded program. This analysis was completed in order to assess whether or not there was greater than a 10% disparity in access for any of the various populations impacted by HIV/AIDS. Regions that demonstrated the greatest disparities were then targeted with additional Ryan White title II funding from the Congressional Black Caucus. This funding will support efforts to increase outreach to minority populations and assist HIV infected individuals from under served populations in accessing available medical and social services.

Programs Targeting Chronic Diseases

P. CARDIOVASCULAR HEALTH CORE CAPACITY PROGRAM

In the past year the CARDIOVASCULAR HEALTH SECTION OF THE CHRONIC DISEASES PROGRAM, OFFICE OF PUBLIC HEALTH, has developed the state's Cardiovascular Health Core Capacity Program. The purpose of this program is the development of a state plan for reduction of cardiovascular disease (CVD) by building upon core capacities that already exist in the state, and by filling gaps in capacity and leadership in the state health department in areas critical to the implementation and management of a successful statewide comprehensive CVD prevention program.

Recognizing the immense burden of cardiovascular diseases, the U.S. Congress made available funding of \$8.1 million in fiscal year 1998 to initiate a national, state-based cardiovascular disease prevention program. Louisiana was one of 11 states awarded funding for establishment of a Cardiovascular Health Core Capacity Program. The focus of the Core Capacity Program is the development and promotion of



environmental and policy changes that support good nutrition, enhance physical activity, and improve risk factors for cardiovascular disease. Program objectives include:

- Reduction of disparities in CVD risk factors, occurrence, and treatment
- Delay of the onset of CVD and postponement of death from CVD
- Reduction of disabling conditions stemming from CVD.

As the cause of almost 40 percent (38.5%) of deaths in Louisiana, cardiovascular disease (CVD) is the state's leading cause of death. Although age-adjusted death rates from CVD declined 19.1% between 1986 and 1996, a perceptible leveling off of these rates has occurred in the last five years. The decline in CVD deaths presumably is due to improvements in medical care and to healthier lifestyles. However, according to the American Heart Association, Louisiana has the fourth highest cardiovascular age-adjusted death rate in the nation.

CVD is not just a disease of old age. Arteriosclerosis, the process of arterial narrowing that causes heart attacks and strokes, begins in the teenage years. The age at which blocked arteries actually kill varies greatly, and death often occurs before old age. One in five Louisianians who died of CVD in 1996 was younger than 65 years of age.

Most deaths due to CVD are preventable. Individuals who choose to control certain risk factors can slow (or even reverse) the process of arterial blockage and decrease their risk of having a heart attack or stroke. Risk factors that can be changed include smoking, overweight, sedentary lifestyle, high blood pressure and high blood cholesterol. Diabetes is a strong risk factor for CVD and is itself often preventable by through adequate physical activity, healthy diet, and maintenance of optimal weight. Some CVD risk factors that cannot be changed are old age, a family history of heart attack at a young age, and most importantly, a history of previous heart attack or stroke. Individuals with these risk factors should be particularly diligent in addressing the changeable risk factors.

Cardiovascular Health Core Capacity Program accomplishments to date include definition of basic programmatic functions and implementation of activities at the state level; inventorying of policy and environmental strategies; identification of potential non-governmental partners; and provision of infrastructure support for the Louisiana Inpatient Hospital Discharge Database, which will be a prime source of data for evaluation of program effectiveness. During the upcoming year the program's agenda will add development of training and technical assistance, strategies for addressing priority populations, and intervention strategies for reducing risk behaviors.



Q. DIABETES CONTROL PROGRAM

The Louisiana Diabetes Control Program (DCP) began receiving funding from the Centers for Disease Control and Prevention on October 1, 1996. The overall goal of the Louisiana DIABETES CONTROL PROGRAM is to reduce the burden of diabetes in Louisiana using the following methods: *Monitoring* the prevalence and incidence of diabetes, and available care and education opportunities; *Informing* the population on how to use existing resources as efficiently and effectively as possible; *Strengthening* weak points in the diabetes care system. Through these methods, the DIABETES CONTROL PROGRAM hopes to reduce morbidity and mortality related to diabetes in the state. It is hoped that future efforts will focus on primary prevention of type 2 diabetes through obesity prevention for high-risk groups.

Activities supported by the Louisiana DCP include the following:

- **Coordinate diabetes efforts with other prevention activities.** Because of the overlap in intervention strategies and risk factors for diabetes, cardiovascular health, and tobacco use, the Health Promotion and Chronic Disease Control Section of the Office of Public Health, which administers the Louisiana Diabetes Control Program, will integrate reducing the burden of diabetes with existing programs. This includes collaborating to develop/implement standards and quality assurance for preventive services in clinical settings and community-based interventions that target risk and preventive health care-seeking behaviors. It also includes community-based and statewide marketing of health messages aimed at the 10 leading causes of death.
- **Create a comprehensive surveillance and evaluation system** using existing vital statistics, surveillance data, client encounter-based systems, and data from the Behavioral Risk Factor Surveillance System. A diabetes module has been in the surveillance system since 1997. A partnership is being established with the Louisiana State University Health Sciences Center. Collaborations are also being developed or strengthened with the Louisiana Diabetes Association, Medicaid, and the state Peer Review Organization, as well as with managed care organizations, insurers, and employers.
- **Coordinate diabetes-related efforts with other prevention activities.** Because of the overlap in intervention strategies and risk factors for diabetes and cardiovascular disease, the Louisiana DCP will integrate its efforts to reduce the burden of diabetes with several existing programs. The effort will include collaborative development and implementation of standards and quality assurance for preventive services in clinical settings; community-based interventions that target risk and preventive health care-seeking behaviors; and community-based and statewide marketing of health messages aimed at the 10 leading causes of death.
- **Establish a statewide Diabetes Advisory Council.** The Council will develop diabetes standard of care guidelines and a state plan for Louisiana. The Council will also serve as a catalyst for collaboration among public, private, and community-based organizations around diabetes issues.



R. TOBACCO CONTROL PROGRAM

Committed to promoting partnerships and using research- based strategies for tobacco prevention, control and awareness in order to empower citizens to make healthy lifestyle choices to create a Tobacco-Free Louisiana.

Tobacco Facts

- Tobacco use is the single most preventable cause of death and disability in our society causing more deaths every year than AIDS, alcohol, car crashes, murders, suicides, and illegal drugs combined.
- Approximately 100,000 youth in Louisiana are projected to die prematurely due to smoking.
- More and more adolescents in Louisiana become addicted to tobacco products at an early age and go on to become chronic users each day.
- One in four (752,000) adults in Louisiana are current smokers.
- One in four Louisiana children have tried cigarettes by the 6th grade.
- Tobacco causes one in five deaths in Louisiana.
- The economic cost associated with tobacco use costs the state of Louisiana approximately \$1.46 billion a year.

The Program

The Louisiana Office of Public Health Tobacco Control Program (OPH-TCP) was implemented in 1993. The program focuses on increasing community awareness of the harmful effects of environmental tobacco smoke (ETS); assist communities in policy development that contributes to making tobacco use socially, less acceptable; empowering youth and adults to recognize advertising tactics used by the tobacco industry to promote smoking; and develop strategies to counter these messages.

The program plan and components are based on the *Best Practices For Comprehensive Tobacco Control Programs* recommended by Office on Smoking and Health (OSH), Centers for Disease Control and Prevention (CDC). The Program components are:

Community Interventions for Tobacco Control

Community mobilization and empowerment is a significant component of the OPH-TCP initiatives. The Program provides grants to community oriented organizations to coordinate community planning and capacity-building for tobacco prevention and control.

Media Literacy for Tobacco Prevention

OPH-TCP trains teachers and youth leaders in media literacy, which identifies the commercial influences on tobacco and alcohol consumption, eating disorders, youth self-esteem, violence, interpersonal



relationships and values shaping. Participants learn to identify the marketing methods used to communicate primary and secondary messages.

Tobacco Control Program Policy

OPH-TCP works in several areas to promote policy development and change: advertising/promotion and counter-marketing; increasing excise taxes; and promoting clean indoor air in public places, worksites, and places where children learn and play.

Strategic Use of Media

Strategic use of media is a combination of cost effectiveness linked with program goals and objectives. The key strategies include using mass media to raise awareness of ETS and to reduce exposures, and mass media to publicize a 1-800-LUNG-USA smoking cessation helpline.

Tobacco Surveillance and Evaluation

OPH-TCP gathers data on Tobacco Use patterns through BRFSS (Behavioral Risk Factor Surveillance System) and Youth Tobacco Survey (YTS). The information obtained in BRFSS assists in identifying the need for interventions, monitoring the effectiveness of existing interventions and prevention programs, developing health policy and legislation, and measuring progress toward attaining state and national health objectives. The YTS gathers information about tobacco use patterns among middle and high school students and provides valuable information for program planning, implementation and evaluation.

The program receives funding from CDC and the state of Louisiana. The legislature awarded the Office of Public Health \$500,000 for tobacco cessation efforts. The OPH-TCP used the funding to implement a smoking cessation helpline, 1-800-LUNG-USA, and Freedom From Smoking (FFS) clinics throughout the state. The FFS clinics are targeted for medicaid patients, the uninsured and state workers. The Cessation helpline and FFS clinics are sponsored in partnership with American Lung Association of Louisiana. Approximately half of the funds were shared with the Office of Addictive Disorders (OAD) to assist their clients with multiple addictions to quit smoking while detoxing from other substances. A specific program designed for this population is being offered in OAD clinics and inpatient facilities.

Accomplishments

- One of the state-funded youth advocates was nationally recognized as a leader in his community.
- For the first time, we successfully determined the burden of tobacco use among our middle school population by implementing the Youth Tobacco Survey.
- Launched a media campaign and have continued helping Louisiana residents quit smoking with both the helpline and cessation clinics.
- Set up regional technical support centers statewide.



- Provided seed money to a youth program that enabled them to leverage more funds for their tobacco prevention efforts.
- Our Coalition for a Smoke-Free Louisiana received a Smokeless States grant.
- Provided media literacy training to over 175 youth leaders in the state, which taught youth how identify the marketing strategies used by the tobacco industry.

Partners

- American Lung Association of Louisiana - **"When you can't breathe, nothing else matters." Call 1-800-LUNG-USA to quit smoking for good.**
- Louisiana Tobacco Control Resource Center - **The Resource Center has a wealth of information and materials about tobacco research, effective tobacco interventions, and tobacco prevention and cessation training programs.**
- Louisiana Public Health Institute (LPHI) - **LPHI is also the site of the Coalition for a Tobacco-Free Louisiana. The OPH Tobacco control program is a participating member of this statewide coalition of public and private agencies, institutions and individuals dedicated to the cause of tobacco control in this state.**
- American Cancer Association of Louisiana
- Louisiana Cancer and Lung Trust Fund Board
- University of New Orleans Conference Services

Programs Targeting Substance Abuse

S. ALCOHOL, DRUG, TOBACCO, AND PREVENTION ADDICTION SERVICES

The Impact of Substance Abuse: OAD Services

Substance abuse has been called the nation's number one health problem¹. Research indicates that substance abuse is associated with poor health, disruptive social relations, decreased work productivity, violence, crime, and child abuse. A report on chronic diseases and causes of death explains that chronic diseases are often complicated by lifestyles and environment². The actual leading causes of death in the United States are tobacco, poor diet/physical inactivity, and alcohol use (McGinnis & Forge, 1993). Since 1989, more individuals have been incarcerated for drug offenses than for all violent crimes, and most violent crime is committed by drug and alcohol abusers. Alcohol and drug abuse is implicated in three-quarters of all spouse abuse, rapes, child molestation, suicides, and homicides (THE NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE, Columbia University, 1996). From Boston to Baton Rouge and New

¹ *Using Social Indicators to Estimate Substance Abuse Treatment Needs in Louisiana*. July 1998.

² *Chronic Diseases and Their Risk Factors: The Nation's Leading Causes of Death 1999*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.



Orleans, hospital emergency rooms overflow with victims of gunshot wounds and other violence caused by alcohol abuse and drug addiction. AIDS and tuberculosis spread rapidly, and intravenous drug users and crack addicts are among the primary carriers of these diseases. Exchanging sex for drugs, practicing unsafe sex, and sharing dirty needles are high-risk behaviors contributing to increasing prevalence and incidence rates of morbidity.

CESAR (a weekly fax from the CENTER FOR SUBSTANCE ABUSE RESEARCH, supported by the GOVERNOR'S OFFICE ON CRIME CONTROL AND PREVENTION) highlights significant findings in the field of addictive disorders and gives scientific validation to the premises presented above. The death rate for drug-induced causes has increased every year since 1990, reaching 5.6 deaths per 100,000 population in 1997. While drug-induced deaths for both males and females are rising, the death rate for males is 2.4 times greater than for females, and rising more steeply. Among males, this figure was 8.4 per 100,000 in 1997, up from 4.9 in 1990. Among females, the drug-induced deaths rate was 3.6 in 1997, up from 2.8 in 1990. The category drug-induced causes includes death from dependent and non-dependent use of both legal and illegal drugs, as well as poisoning from medically prescribed and other drugs (CESAR, July 17, 2000, vol. 9, Issue 28). Between 50% and 77% of male adult arrestees tested positive for at least one illicit drug in 1999, according to data from 34 cities participating in a National Arrestee Drug Abuse Monitoring (ADMA) program. Marijuana was the drug most frequently detected in 24 sites, followed by cocaine in the remaining 10 sites. Cocaine dependent persons treated in long-term residential and outpatient drug-free programs generated reductions in crime that more than offset the cost of the treatment according to data from the national Drug Abuse Treatment Outcomes Study (DATOS). The average cost of crime among these cocaine-addicted clients decreased 78% from the year before to the year after long-term residential treatment resulting in a \$21,360 average benefit per client. This is nearly twice the average treatment cost per episode of \$11,016. Outpatient drug-free clinics experienced slightly less savings. The average cost of crime decreased 28% from the year before to the year after treatment, resulting in a \$2,217 average benefit per client -1.5 times the cost of treatment. It was noted that these figures may understate the economic benefits of treatment because other areas commonly improved by treatment, such as employment and health were not included in the study (CSAT by Fax, July 19, 2000, Vol. 5, Issue 10)³.

Less than 1/5 (18%) of child passengers who died while being transported by a drunken driver were restrained in the fatal crash, according to an analysis of data from the National Highway Traffic Safety Administration (CESAR, August 21, 2000 vol. 9 issue 33). In all age groups, child passenger restraint use decreased as the blood alcohol concentration of the child's driver increased. Older children were least likely to have been restrained.

³ CSAT by Fax is a bi-weekly publication produced and distributed by facsimile under the Knowledge Application Program (KAP), US Department of Health and Human Services



Smokers who begin smoking at a younger age are more likely than those who begin smoking at a later age to report lifetime drug use and dependency. According to the 1999 National Household Survey on Drug Abuse, the mean age of first cigarette use is currently 15.4 (CESAR September 25, 2000 vol. 9 issue 38).

Louisiana's substance abuse health care picture resembles that of the nation. Tobacco use was cited as a leading actual cause of death (played a significant role in cancer, heart disease, stroke, vascular, and respiratory disease) in 1994 in Louisiana (CHRONIC DISEASE CONTROL PROGRAM, 1998). One of every five deaths was attributable to tobacco use. The LOUISIANA OFFICE OF COMMUNITY SERVICES, which provides child welfare services, estimates that, currently, up to 75% of the families receiving Child Protective Services interventions have some substance abuse involvement. A cumulative report from the DEPARTMENT OF SOCIAL SERVICES (DSS) indicates that as of March SFY 2001, 105,626 recipients have been screened under the Family Independence Temporary Assistance Program (FITAP) Drug Testing Program. OAD referral tracking records from SFY 98 to SFY March, 2001 show 2,014 recipients have been referred by DSS. A cumulative report from July 21, 1998 to December 31, 2001 indicates they were 681 individuals placed in substance abuse treatment. For the 3 years following inception of the program, approximately 55% of those referred did not show for treatment. The DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS reports that approximately 75% of incarcerated adults have substance abuse problems.

Because of the high prevalence and devastating social, health, and economic impact/cost of substance abuse, the state and the federal government give high priority to prevention and treatment efforts. The OFFICE FOR ADDICTIVE DISORDERS, the single state authority for substance abuse, operates through a regionalized Community Service District (C.S.D.)/Regions substructure. There are 10 administrative regions (or CSD's) of approximately 450,000 to 500,000 inhabitants each. There is an independent district (Region X), under the jurisdiction of the Jefferson Parish Authority. Effective July 1, 1997, the Capital Area Human Services District (C.A.H.S.D.) assumed responsibility for the community-based substance abuse, mental health, and developmental disabilities services previously provided by DHH in the parishes comprising Region 2. Region 1 and Regions 3-9 are directly operated by the State.

Prevention programs address the individual, interpersonal, social, and environmental influences that cause an individual to abuse alcohol and other drugs. Prevention program activities must include three of the following six strategies: Information Dissemination, Education, Alternatives, Problem Identification and Referral, Community-Based Process, and Environment. Prevention services have the additional responsibility of the Synar Initiative, a community development and educational program developed to comply with the Federal and State laws regarding tobacco sales to individuals under the age of 18. The December 1996 baseline found 75% of retailers to be non-compliant. The OFFICE FOR ADDICTIVE DISORDERS implemented programs to educate tobacco vendors regarding tobacco sales to minors.



Enforcement efforts via compliance checks are conducted by the OFFICE FOR ALCOHOL TOBACCO CONTROL through a contract agreement with the OFFICE FOR ADDICTIVE DISORDERS. The federal mandate was to reduce the illegal sales of tobacco to minors from 75% to 20% over a five-year period. The current rate of non-compliance stands at 8.5%. Louisiana met the federal goal in 18 months.

The OFFICE FOR ADDICTIVE DISORDERS (OAD) has received funding from the Office of Public Health to develop and implement a statewide Tobacco Cessation Program for OAD clients. OAD offers a Tobacco Cessation Program in outpatient and inpatient substance abuse facilities. The program is based on Hazelden's Your Next Step Tobacco Cessation Program. This program incorporates the 12 Step model for treating chemical dependency. Nicotine patches will be provided as a component of this program.

Prevention specialists coordinate prevention services in each of the Regions and implement community-based primary prevention strategies. Research indicates that alcohol, tobacco, and other drug (ATOD) use, delinquency, school achievement, and other important outcomes in adolescence are associated with specific characteristics (i.e., risk or protective factors) in the students' communities, schools, family environments, and individual characteristics. Evidence indicates that exposure of adolescents to a greater number of risk factors, irrespective of what the specific risk factors are, is associated with more substance use and delinquency, while exposure to more protective factors is associated with lower prevalence of these behaviors.

The analysis of risk and protective factors is the most powerful paradigm available for understanding the genesis of both positive and negative adolescent behavioral outcomes and how the most successful adolescent prevention programs can be designed⁴. Under the sponsorship of the CENTER OF SUBSTANCE ABUSE PREVENTION (CSAP), the DEPARTMENT OF HEALTH AND HOSPITALS, OFFICE FOR ADDICTIVE DISORDERS contracted with DEVELOPMENTAL RESEARCH AND PROGRAMS, INC., of Seattle, Washington conducted a survey of sixth, eighth, tenth, and twelfth grade students. Students were surveyed using the *Communities that Care*® Youth Survey (CTC Survey). The CTC survey was developed to provide scientifically sound information to communities on the prevalence of risk and protective factors among youth. The survey data were collected March 2000 through May 2001 in Louisiana public and private schools. A risk and protective factor profile was developed for Louisiana students. Results showed Louisiana students to be above the national average for all but two of the protective factors. There was only one protective factor, Opportunities for Positive Involvement in the Community, for which Louisiana students scored significantly lower than both the National Comparison average and the CTC matched comparison. The next lowest protective factor was School Rewards for Prosocial Involvement. The most

⁴ *Communities that Care*® Youth Survey. May 1999.



elevated risk factor was in the school domain, Academic Failure, which measures students self-reports of their academic performance. Other risk factors that were significantly higher than the national average were Friends, Delinquent Behavior and Impulsiveness, and Poor Family Discipline. Results of the survey are posted on the office's web page. It is important to note, the survey points out, that both risk and protective factors must be addressed for a program to be successful. OAD conducted a follow-up Louisiana Youth Survey in collaboration with the Southwest Center for Application of Prevention Technologies, University of Oklahoma. The survey began in the school system on April, 2001 and was completed May 2001. Analysis of this data will be completed in June of 2002. This survey will be used to determine the areas most in need, as well as the type and intensity of programs to be implemented. It will also enable the State to transition into a model conducive to research-based programming. Beginning with the implementation of the State Incentive Grant (SIG), OAD is planning to fund research-based programs that will address Risk and Protective Factors, as indicated by information obtained from the Louisiana Youth Surveys. Once the data has been collected and analyzed, there will be a basis for comparison for the initial data collected in 1998.

The DEPARTMENT OF HEALTH AND HOSPITALS, OFFICE FOR ADDICTIVE DISORDERS was awarded a second block grant from the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention to enforce the underage drinking laws. The grant funds were used for development of a central collection center for alcohol violations and other community programs aimed at educating the public about underage drinking. In the spring of 2000, unannounced inspections of alcohol vendors were conducted and results of these checks were compiled to compute the State's rate of alcohol sales to minors. The current rate of sale to minors for on-premise alcohol retailers is 13.4% and for off-premise alcohol retailers is 11.7%.

The OFFICE FOR ADDICTIVE DISORDERS has been designated by the Office Of The Governor to administer and implement the Center for Substance Prevention's State Incentive Grant (SIG). The grant award is in the amount of \$8.4 million for a 3-5 year period. The SIG grant is a cornerstone of the National Youth Substance Abuse Prevention Incentive (NYSAPI). It was established to assist state governors with enhanced capabilities to coordinate, leverage, and implement effective prevention strategies as well as a statewide prevention plan for its citizens. OFFICE FOR ADDICTIVE DISORDERS (OAD) provides a continuum of treatment services: detoxification, inpatient, community-based, residential, and outpatient. These treatment services provide assessment, diagnosis, and treatment of alcohol abuse, alcoholism, drug abuse, and drug addiction. In addition, OAD provides services in three programs: Drug Courts, Compulsive Gambling, and DWI treatment. Federal funding mandates require that the Office provide specialized services to pregnant women, women with dependent children, intravenous drug users, and those infected with HIV.



OAD continues to participate in a collaborative project between the OFFICE OF PUBLIC HEALTH (OPH) and THE OFFICE OF MENTAL HEALTH (OMH) to provide services to the school-based health centers in the State. An interdepartmental agreement for School Based Health Centers (SBHC) was approved by the Assistant Secretaries of OAD, OMH and OPH. This agreement will afford each Office an opportunity to provide prevention and early intervention services to children and adolescents served by SBHC.

Programs Targeting Intentional and Unintentional Injury

T. VIOLENCE PREVENTION

The INJURY RESEARCH AND PREVENTION PROGRAM provides local data, educational resources, best practice and evaluation assistance to community groups targeting violence prevention. Staff help organize training events, presentations, access to key agencies, and inter-agency mentoring and coordination to promote the creation of local groups where none exist.

INJURY RESEARCH AND PREVENTION staff are collaborating with local law enforcement in a large urban area to test new policies aimed at improving police response to domestic violence calls. Staff have collected baseline data and are currently collecting data during the project period to evaluate the new policies. At intervals, information on performance objectives and outcomes will be analyzed for comparison with the pre-intervention time period. A successful outcome will provide opportunities for staff to promote these methods, including the evaluation procedures, to other law enforcement venues.

Prevention of sexual assaults through support of local and statewide volunteer agencies is an ongoing project of the INJURY RESEARCH AND PREVENTION PROGRAM. In addition to direct services for victims, the agencies also work to achieve coordination within the medical and legal systems to minimize continued victim trauma. The INJURY RESEARCH AND PREVENTION Program provides information on outreach to media, faith communities, athletics, business, universities, and other groups who can use their authority to change community norms about violence toward women and children.

U. PERSONAL FLOTATION DEVICES

The combination of natural bodies of water, swimming pools and drainage canals, leads to higher than average numbers of injuries and deaths from drowning in Louisiana. Staff from the INJURY RESEARCH AND PREVENTION PROGRAM performed an observational survey of boaters in conjunction with the DEPARTMENT OF WILDLIFE AND FISHERIES. Only a small percentage of boaters used personal flotation devices, such as life jackets, which are known to save lives. As an adjunct to featuring the outdoor opportunities for visitors, advertising visuals should include safety equipment in use. Other opportunities for prevention



education exist in visuals used in point-of-sale materials in sporting goods stores and swimming pool vendors.

Reports

A report on this survey, accompanied by recommendations, is available from the Injury Research and Prevention Program.

V. DOG-BITE INJURIES

The INJURY RESEARCH AND PREVENTION PROGRAM in collaboration with the Orleans Parish animal shelter and area hospital emergency rooms reviewed cases of dogbite injuries severe enough to require hospital attention. The survey showed that more than half of the bites occurred to children under the age of 14 , and the majority of dog bites involved a dog that the victim knew, rather than a stray. Based on national data, it is estimated that around 2% of the population sustain dog-bites annually.

Reports

A report on the outcome of this surveillance project, accompanied by information on avoiding dog bites, is available from the INJURY RESEARCH AND PREVENTION PROGRAM.

Programs Targeting Mental Health

W. SUICIDE ASSESSMENT

Mental Health professionals conduct a suicide assessment of any consumer who presents to the system with emotional or behavioral problems, or with symptoms of severe mental illness. Additionally, all paraprofessionals who work with mentally ill clients are trained in the mental health assessment of potential suicide. These assessments include current ideations of self-harm, plans for self-harm, and whether the consumer has the means to harm him/herself. Immediate steps are taken to protect that individual when indicated by the mental health assessment of suicide potential. Additionally, the assessment includes past history of suicidal ideation, an assessment of the severity of previous attempts, and the emotional and environmental factors surrounding previous suicidal issues for the consumer.

The OFFICE OF MENTAL HEALTH provides a comprehensive crisis intervention program throughout the state for all citizens who may experience thoughts of suicide, as well as other signs and symptoms of a mental health crisis. This system includes crisis phone lines with 1-800 numbers, a Single Point of Entry system for those who need face-to-face evaluation, hospital diversionary programs (such as respite), or acute hospitalization.



X. PROGRAMS OF THE OFFICE OF MENTAL HEALTH

Acute Unit

The acute care psychiatric inpatient units provide psychiatric, psychosocial, and medical services in compliance with all licensing and accreditation standards to meet the individualized patient care needs of adults and adolescents in the State of Louisiana who need a level of care that must be rendered in an inpatient setting. These units address the need for inpatient treatment in a less restrictive, shorter term, and more cost effective manner than in the State longer term care psychiatric facilities.

Specialized Inpatient Services

The OFFICE OF MENTAL HEALTH operates four state psychiatric facilities which provide mental health evaluation, treatment, and rehabilitation services to adults with severe and persistent mental disorders and child/adolescent clients with serious emotional/behavioral disorders.

Clinic-based Services

OMH currently has a caseload of over 43,000 adults with serious and persistent mental illness and children and youth with serious emotional disturbances receiving outpatient mental health services through the operation of licensed Community Mental Health Centers (CMHC) and their satellite outreach clinics located throughout the eight OMH geographic regions and the two service district regions. The CMHC facilities provide an array of services: screening and assessment; emergency crisis care; individual evaluation and treatment; medication administration and management; clinical casework services; specialized services for children and adolescents; specialized services for criminal justice; specialized services for the elderly; and pharmacy services. Inability to pay does not have an impact on the receipt of services.

Crisis Management Services

Crisis services are provided on a 24-hour basis. These services are designed to provide a quick and appropriate response to individuals who are experiencing acute distress. Care services include telephone counseling and referrals, face-to-face screening and assessment, community housing for stabilization and crisis respite.

Day Programs and Psychosocial Rehabilitation Programs

Psychosocial programs and day treatment programs provide opportunities for teaching new rehabilitative skills related to community living and work activities; build networks of peer support; teach self-help community activities; and provide a place where individuals can learn how to relate to persons and communicate their needs and desires successfully. In addition, day programs provide secure, structured environments where individuals experiencing disruption in routine behaviors brought on by their illness



can receive treatment and support. Day programs also provide structured activities which allow children and adolescents with severe emotional disturbances to remain in school.

Support Services

Supported living services, either through specialized residential programs or through case management and other services which support persons living in their own homes, are available throughout the State. Individuals with serious psychiatric disabilities are provided with services necessary to address both their housing and mental health/rehabilitative needs.

Programs Targeting Environmental Health

Y. COMMUNITY WATER FLUORIDATION

Currently, 54.9% of the population served by public water systems are serviced by optimally fluoridated water systems. Renewed effort has been undertaken toward reaching the CENTERS FOR DISEASE CONTROL Healthy People 2000 goal of optimally fluoridating 75% of the population's water supply. Community water fluoridation efforts have been re-established with recent legislation, ensuring a stable OFFICE OF PUBLIC HEALTH Fluoridation Program. The program will oversee monitoring and evaluation of current systems, provide training and assist in promotional activities, together with the ORAL HEALTH and ENVIRONMENTAL HEALTH PROGRAMS of the OFFICE OF PUBLIC HEALTH and the newly established FLUORIDATION ADVISORY BOARD. This board will function to secure additional resources needed to implement fluoridation systems created as a result of promotional activities. Thus far, the parish of Plaquemines and the town of Amite, Louisiana have recently passed council ordinance to implement community water fluoridation with the potential to reach an additional 31,000 Louisiana residents.

Z. ENVIRONMENTAL HEALTH ADVISORIES

The Louisiana DEPARTMENT OF HEALTH AND HOSPITALS SECTION OF ENVIRONMENTAL EPIDEMIOLOGY AND TOXICOLOGY (SEET) issues fish consumption advisories in consultation with state environmental agencies when chemicals or heavy metals in sport fish reach levels that could potentially harm the public.

Mercury in Fish

SEET works with the LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY (LDEQ) to assess the extent of mercury contamination in fish. Methyl mercury, a metal compound sometimes found in fish, can cause birth defects and neurological problems when present at high levels. LDEQ collects and samples fish from water bodies that are selected based on their pH, usage, and SEET recommendations. SEET's



Health Advisor then coordinates a risk analysis, and, if warranted, the State Health Officer issues a fish consumption advisory for specific species of fish. Of over 200 water bodies tested to date, 21 health advisories for fish containing mercury have been issued. These advisories cover 18 freshwater bodies in or traversing 32 parishes, including an advisory on king mackerel for parishes along the Gulf of Mexico.

AA. ENVIRONMENTAL HEALTH EDUCATION

Health Effects Related to Pesticide Exposure

In an effort to educate Louisianians about pesticides, a multi-agency workgroup developed a pamphlet for statewide distribution. The pamphlet, What You Need to Know About Pesticides and Your Health in Louisiana, was jointly developed by SEET, the LOUISIANA DEPARTMENT OF AGRICULTURE AND FORESTRY (LDAF), and the LOUISIANA ENVIRONMENTAL ACTION NETWORK (LEAN). The U.S. Environmental Protection Agency funded printing and distribution costs.

The pamphlet discusses health effects related to commonly used pesticides, how pesticide exposure occurs, what to do if you are exposed to a pesticide, laws regulating the use and application of pesticides, and how to file a Health-Related Pesticide Incident Report. Distribution of the pamphlet will occur through parish health units, state libraries, the Louisiana Cooperative Extension Service, colleges and universities, and organizations and agencies working in the area of environmental health.

Mercury in Fish

SEET, ENVIRONMENTAL QUALITY, WILDLIFE AND FISHERIES and AGRICULTURE AND FORESTRY entered into an interagency agreement in 1997 to determine jointly which water bodies in the state needed health advisories based on levels of environmental contamination, particularly from mercury. Also that same year, the Louisiana legislature provided funding to assess mercury levels in recreationally caught fish and to offer free blood screening services in parishes where high levels of mercury had been identified.

The agencies, working with representatives of the SIERRA CLUB and the Louisiana AUDUBON COUNCIL, produced two informative brochures, one for the general public and the other directed specifically toward pregnant or breastfeeding women, and mothers of small children. The publications were widely distributed throughout Louisiana, including distribution through obstetrician/gynecologists' and pediatricians' offices and parish health units. The environmental organizations continue to work closely with the legislature and the state departments to inform the public about the potentially deleterious effects of mercury and other contaminants on people's health.

Health Professional Education

SEET conducts Health Professional Education as part of its educational activities. SEET targets physicians and other health professionals located near Superfund and proposed Superfund sites to



receive case studies from the AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY (ATSDR). Information provided focuses on site contaminants, health effects from exposure, and clinical descriptions of the diagnosis and management of cases of chemical exposure.

Since 1996, SEET has disseminated ATSDR (AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY) Case Studies to over 4,000 Louisiana physicians in 20 parishes. The most recent mail-out occurred in February of 1998 when SEET distributed ATSDR Case Studies entitled "Mercury Toxicity" and "Taking Exposure History" to 750 physicians in 10 parishes.

Public Health Response for Chemical Spills

Thousands of accidental releases, explosions, and other chemical releases occur each year in Louisiana. SEET evaluates the public health threat of selected events and provides needed information and recommendations to the affected communities, hospitals, and physicians treating exposed individuals.

Hazardous Substances Emergency Events Surveillance Project

In August of 2000 the Louisiana Office of Public Health, Section of Environmental Epidemiology and Toxicology (SEET) was awarded funds from the Agency for Toxic Substances Disease Registry (ATSDR) to participate in their Hazardous Substances Emergency Events Surveillance (HSEES) project. Fourteen other states also participated in this project. SEET collects information, which is entered into a comprehensive database. This database addresses hazardous substance spills, air releases, threatened releases and spills, and associated health consequences including evacuations, injuries and deaths. The database expands upon spill data collected by the National Response Center, the Department of Environmental Quality, as well as the Louisiana State Police. SEET collects additional information, which focuses on the impact of spills on the population i.e., injuries, medical care, evacuations, in-place sheltering, and community emergency planning.

For the year 2001, SEET received over 7,700 incident reports from the Louisiana State police, and over 6,000 incident reports from the National Response Center. Of those events 1908 were entered into the HSEES system. 568 events have been investigated and set to complete, while 653 events are still pending investigation. Six hundred and eighty seven entered events, upon investigation, did not qualify for surveillance.

The Hazardous Substances Emergency Events Surveillance System's ultimate purpose is to prevent exposure and adverse human health outcomes and diminished quality of life from exposure to hazardous substances. In collecting these health specific data, SEET hopes to prevent further health consequences from hazardous releases/spills in Louisiana.

**Medical Assessment Team (MAT)**

Repeated occurrences of spills and other accidental hazardous substance releases in Louisiana have underscored the need for timely public health response in these events. THE DEPARTMENT OF HEALTH AND HOSPITALS is addressing this need by piloting a Medical Assessment Team (MAT) for hazardous substance emergencies. Currently in its formative stages, the MAT will support state and local response efforts on an as-needed basis. Exposure assessment, risk assessment, risk communication, and epidemiologic surveillance comprise the MAT's core functions. The MAT will assess the nature and severity of toxic exposures based on available environmental and medical data. MAT members will obtain and provide information about the hazardous substance(s) to local emergency departments at the time of the event. MAT experts will determine and recommend appropriate tests for exposure to treating physicians and hospitals. Collections and analysis of these data will allow subsequent health risk assessment and communication to the affected public. The MAT will devise and coordinate medical follow-up, when indicated. Local government officials will be briefed, and the team will attend public meetings to address the community's concerns.

AB. LOUISIANA CHILDHOOD LEAD POISONING PREVENTION PROGRAM (LACLPPP)

The Louisiana Childhood Lead Poisoning Prevention Program (LACLPPP) is a program designed to identify and prevent lead poisoning in children between six months and six years through testing, tracking, follow-up, education and surveillance.

Statewide lead poisoning prevention services at public health units began in 1981. In 1998, funding was received from the Centers for Disease Control and Prevention, to establish the Louisiana Childhood Blood Lead Surveillance System (CBLSS) and to become a comprehensive program. The CBLSS is maintained in conjunction with the Center for Applied Environmental Public Health at Tulane University's School of Public Health and Tropical Medicine. The grant also enhanced patient tracking and follow-up and allowed the program to expand its target population from children screened at public health units to all children across the state. The Lead Poisoning Prevention Program of the City of New Orleans Health Department has also played an important role in addressing lead poisoning. Orleans parish has had lead poisoning prevention initiatives since the early 1970s and continues to do so with Office of Public Health support and by collaborating on the CDC grant.

Childhood lead poisoning is a reportable disease. According to the Louisiana Childhood Lead Poisoning Prevention Program Rule (LAC 48:V.7001-7007), providers are required to report a case of lead poisoning ($\geq 15 \mu\text{g/dl}$) within 48 hours to ensure that the child receives the necessary medical and



environmental services. In addition, the rule requires laboratories to report all blood lead levels, regardless of whether or not they are elevated. The information received is used for tracking and follow-up as well as for surveillance.

Program Activities

Surveillance: Louisiana Childhood Blood Lead Surveillance System (CBLSS)

- Tests are reported to the surveillance system by the state public health laboratory and private reference laboratories. The largest contributor of blood lead test results to the surveillance system is the state public health laboratory.
- The surveillance system serves as a way of assessing lead poisoning from a demographic and geographic standpoint. It enables LACLPPP to determine the extent of screening, the magnitude of lead poisoning in specific populations and the effectiveness of intervention and prevention activities.

Case Management: Screening, Tracking and Follow up

- The 1991 CDC guidelines state that screening is required for all children between six months and six years of age. Federal regulations mandate that all children enrolled in Medicaid should be screened at one and two years of age.
- Screening is based on the results of a Lead Poisoning Risk Assessment Questionnaire. Any child who at six months of age, or at their initial screening has positive answers on the questionnaire will be considered at high risk and is tested for lead. Children not at high risk will be tested at one and two years of age, or at their first visit if they are older than two years.
- All children with confirmed elevated blood lead levels $\geq 15 \mu\text{g/dl}$ are included in LACLPPP's surveillance system.
- Children with elevated blood lead levels are followed by LACLPPP and their private provider or public health unit according to CDC guidelines. LACLPPP's role in tracking and follow-up is to ensure that it is done in a timely manner and to assure that affected children are not missed by the system.
- Conducting environmental investigations is a component of tracking and follow up. An environmental investigation is done by public health sanitarians to locate the lead source if a child has two consecutive venous blood tests that are $\geq 15 \mu\text{g/dl}$.

Public Education and Outreach

- Information from the surveillance system is disseminated via annual reports, such as the "Status of Childhood Lead Poisoning in Louisiana" report. These reports inform the public and professionals on the status of lead poisoning in geographic areas of low screening, high demographic risk and high prevalence areas.
- The program conducts outreach in Orleans Parish through the assistance of the New Orleans Health Department. The health educators enhance the community's knowledge of lead sources, the adverse effects of lead poisoning and steps that can be taken to prevent lead poisoning.



Future Plans

- Developing recommendations for screening based on demographic and geographic information from the population based surveillance system.
- Using population based surveillance data to identify high-risk areas and populations and to target efforts and resources as appropriate.
- Creating a health education plan to develop and disseminate childhood lead poisoning prevention information.
- Improving the screening of children identified as high risk.
- Increasing community and provider awareness of issues related to lead poisoning and prevention through outreach and health education.

<i>Counts of Children Screened and Counts of Children with Elevated Lead Levels by Blood Lead Level, 1999-2000</i>			
Lead Levels	1999 State Only*	2000 State Only	2000 State and Private
Screened	17212	16561	30581
≥10 ? g/dl	2208	1449	2896
≥15 ? g/dl	846	632	1119
≥20 ? g/dl	391	297	500
10-15 ? g/dl	1362	817	1777
15-20 ? g/dl	455	335	619

Source: Louisiana Childhood Lead Poisoning Prevention Program – Childhood Blood Lead Surveillance System (Louisiana Office of Public Health, Tulane University)

*The data for 1999 is limited only to state public health data.

<i>Percent of Children with Elevated Lead Levels by Blood Lead Level, 1999-2000</i>			
Lead Levels	1999 State Only*	2000 State Only	2000 State and Private
≥10 ? g/dl	12.8%	8.7%	9.5%
≥15 ? g/dl	4.9%	3.8%	3.7%
≥20 ? g/dl	2.3%	1.8%	1.6%
10-15 ? g/dl	7.9%	4.9%	5.8%
15-20 ? g/dl	2.6%	2.0%	2.0%

Source: Louisiana Childhood Lead Poisoning Prevention Program – Childhood Blood Lead Surveillance System (Louisiana Office of Public Health, Tulane University)

*The data for 1999 is limited only to state public health data.



Prevalence of Elevated Blood Lead Levels by Year and Data Source (1999-2000)

